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~~VOL. XXXVIII~~

No. 11

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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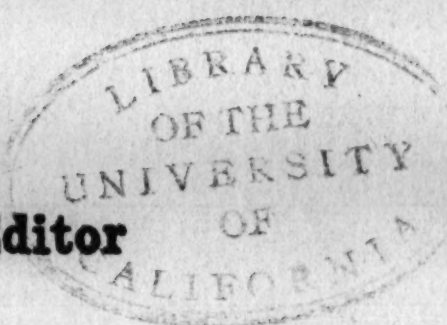
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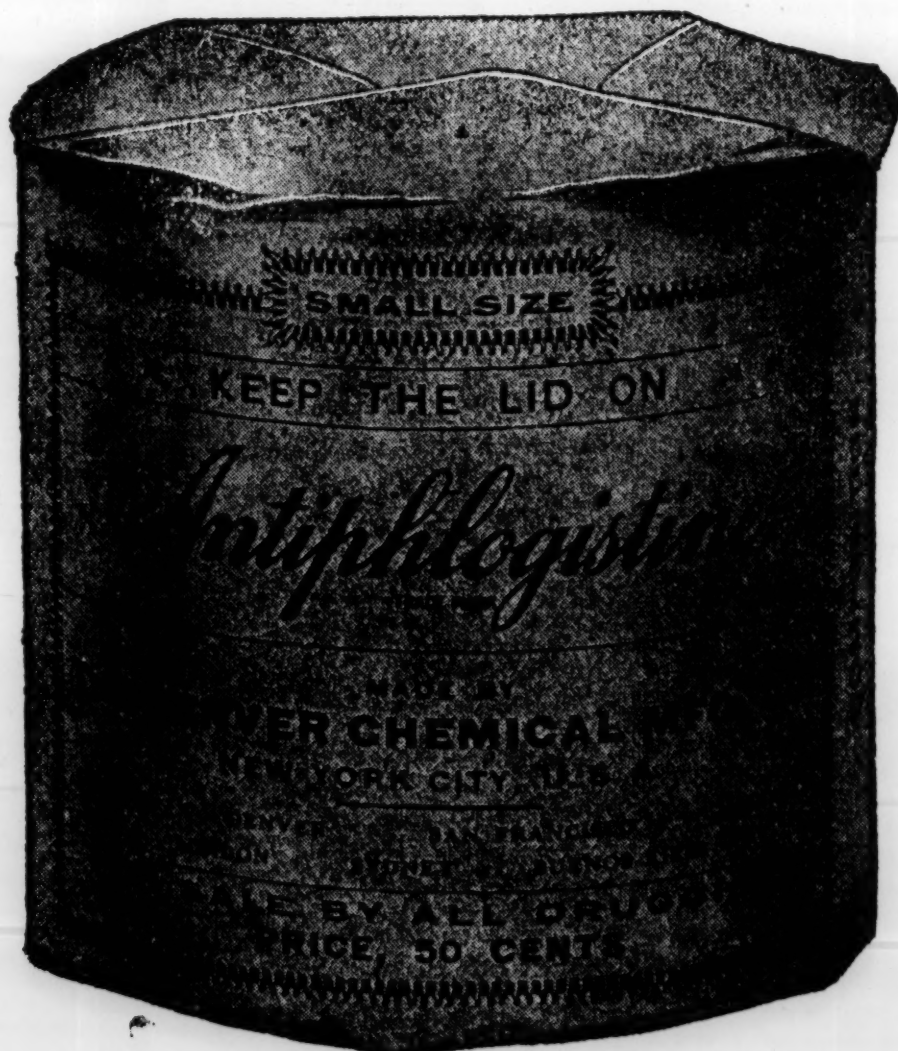
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Physicians had used all kinds of vaccines and hypodermics until they had lost their effect. I gave her powerful light and heat treatment for several days which seemed to relieve the pain, but every night one or two joints would swell and pain her so that she could not sleep. It came near driving her insane. I took a box of full strength Libradol, which I always keep on hand for emergencies, spread it on parchment paper and put it over the inflamed joints. The next morning she reported that she had received more comfort from that than anything else she had ever used. She reports that it is the best pain reliever for her condition that she had ever tried.

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# The California Eclectic Medical Journal

Vol. XXXVIII

NOVEMBER, 1917

No. 11

✦ Original Contributions ✦

## THERAPEUTICS OF SOME OF OUR INDIGENOUS REMEDIES FOR DIARRHOEA

H. C. Smith, M. D., Glendale, Cal.

Read Before the California Eclectic Medical Convention.

Consideration of the therapeutic action of these indigenous plant remedies in the condition loosely spoken of as diarrhoea, is predicated upon the understanding that the patient has been thoroughly examined; specific causative factors eliminated; all irritating or otherwise offending matter eliminated from the gastro-intestinal tract, and febrile conditions given proper attention.

The writer vividly recalls his early boyhood in the Middle West, and how some of the hot summers served him. One summer in particular, found him without appetite, pale and listless, weak, emaciated and relaxed, and suffering from an intractable diarrhoea. Remedies prescribed by the local physicians would usually check the diarrhoea temporarily, and thoroughly nauseate. One Sunday, the family visited friends some three miles away in the country; the day being depressingly hot, and the writer distressingly sick. The friends said that a weed about three feet high, having a straight stem and long slim leaves looking like a small willow, grew along our road home; that if we would gather some of it and make a tea of the leaves, a cure would be speedily effected. The advice was followed, and the prognosis fulfilled. The tea gave prompt and permanent results. After the writer began the study of medicine, the weed was recognized as *Epilobium Angustifolia* or Willow Herb. Several species of *epilobium* are similar in action to the *E. angustifolia*; *E. palus-*



tre being the species from which Dr. J. M. Scudder prepared his tinctures. As water fully extracts the virtues of the remedy, an infusion is, perhaps, the preparation of choice when the fresh plant is obtainable. The action of the specific medicine *epilobium* is prompt and efficient, but the dose is rather large, and the taste not at all pleasant. The drug is utterly ignored by old-school text-books to which I have access, and those of our own school merely state that its physiological action is tonic, astringent, emollient and demulcent. However, as its constituents are mucilage, tannic and gallic acids, it is safe to classify its action as that of a soothing astringent that produces a secondary tonic effect through its prevention of farther leading of serum from the tissues, and shedding of mucous membrane from the gastrointestinal tract. The specific indications for the remedy, as given by our eclectic authorities, are true guides to its proper use: Diarrhoea, especially of a subacute or chronic character, watery and feculent, with dry, harsh skin resulting from loss of body fluids, and general enfeeblement from the same cause. Loss of appetite. This practically covers its therapeutic action, and it is frequently indicated in typhoid fever to control the diarrhoea, as well as in the diarrhoea that result from the relaxation caused by excessive heat or humidity.

Another remedy of great value for the relief of diarrhoea, is *Geranium maculatum*, or Cranesbill. The part employed is the rhizome, of which the active constituents are tannic acid, to the amount of twelve to seventeen per cent., and gallic acid in varying amounts—often in sufficient quantity to bring the total tannin content to twenty-five per cent. The preparations are, the fluid-extract, of which the dose is ten to sixty minims, and the specific medicine, of which the dose is one to fifteen minims. Neither of the preparations is unpleasant to the taste, and, because of this fact and the small dose, the specific medicine, especially, is of great value in the diarrhoeas of children. As to the physiological action, the statements regarding *epilobium* apply to *geranium*. The specific indications for its use are: mucous, or mucobloody, discharges from any mucous membrane; due to atonic, enfeebled, and relaxed state of these membranes.

When the large tannin content of this drug is taken into consideration, we readily understand why this agent produces such prompt and gratifying results, not only in subacute and chronic diarrhoeas, but in relaxed and atonic states of other mucous membranes. Its local astringent action is marked,



and in the condition known to the laity as bloody-flux, an enema of starch-water containing geranium relieves the tenesmus and hastens recovery. Its internal use is indicated in this condition, also. My experience has been that it is none the less effective in acute colitis, if the pathology of the disease is taken into consideration, the febrile process be controlled by appropriate treatment, and the dose of geranium reduced to a minimum. It cannot accomplish anything but good in this condition; providing the dosage employed is not large enough to produce irritation.

These drugs have been excluded from the U. S. Pharmacopœa; presumably, I suppose, upon the theory that, as their active constituents being tannin and mucilage, there is no need for them. My experience has been, however, that no druggist can, or will, prepare a prescription containing tannin and mucilage that tastes as well or produces as prompt and efficient results as the galenical preparations from the crude drugs I have considered here.

## SPONDYLOTHERAPY AS A THERAPEUTIC AGENT

Ella Mansfield Caryl, M. D., Los Angeles.

Read Before the California Eclectic Medical Convention.

In discussing this apparently new therapy, it seems to the writer that one should know something about the history of the general therapeutic agent from which this form of therapy has evidently been derived.

G. H. Kellogg, M. D., in giving the history of massage, says: "It is probably one of the oldest of all means used for the relief of bodily infirmities." He claims that there are evidences in the Chinese literature that massage was employed as a therapeutic agent as early as 3000 B. C.

In Japan the blind men do the work almost exclusively, possibly having learned the art from their Chinese brethren.

Kellogg also says: "Plutarch tells us that Julius Cæsar, a century before the Christian era, had himself pinched all over daily for neuralgia. It is known that Julius Cæsar was subject to a severe nervous disorder (epilepsy), and it is more than probable that his prodigious labors were rendered possible by the aid derived from massage."

In fact, massage was used by the eminent physicians of Rome, France, Greece, Norway and Sweden, and by the Finlanders, Sandwich Islanders, and New Zealanders, and even the residents of our own Needles, in California, state



that they have been eye witnesses to seeing the Indian squaw receive spondylotherapy from her liege lord by walking up and down her spine as she lay in a prone position on the ground.

All the above history about massage is to find a starting point upon which to base spondylotherapy. Massage, according to Kellogg, is divided into seven processes, namely: First, touch; second, stroking; third, friction; fourth, kneading; fifth, vibration; sixth, percussion; seventh, joint movement;—each having their physiological effect and therapeutic application, and each of the above headings are divided into minor procedures: Touch — passive touch, pressure, nerve compression.

Percussion is divided into: Tapping, spitting, clapping, hacking, beating.

Reflex percussion is applied by every physician in demonstrating the kneejerk, etc.

After massage had been established in this country about twenty years, Dr. Still conceived the idea of Osteopathy, which in the mean employs the joint movement and stretching procedures of massage, embracing a very thorough study of the spine and other joints,—in fact, the whole anatomy of the human body.

Of course, all physicians know that the Osteopaths have gotten away from the ten-fingered Osteopathy and for a great many years have taught all the subjects that are taught in any medical college (except pharmacy and materia medica), including anæsthetics and surgery, antiseptics and serums, etc., and of late have incorporated pharmacy and materia medica in their curriculum, but for all that their technique consists mostly of joint movement, which includes the specific lesion. In this way they put the spine into alignment and loosen up the muscles and ligaments that have become contracted from various causes, and in so doing relieve the pressure on the nerves and blood vessels, and let them perform their normal functions.

There are sometimes specific indications for working on certain parts of the spine, such as the cervical part of the spine for eye trouble, and on the dorsal regions for heart and liver diseases, and on the lumbar regions for pelvic troubles, and diseases of other organs supplied by that segment of the cord in that certain portion of the spine.

Of course, the Osteopath has received too much education to be a rubber, so he does mostly specific work.



Now in recent years here comes Albert Abrams, A. M., M. D., San Francisco, with his spondylotherapy which is a physiotherapy of the spine, based on the study of clinical physiology.

Regardless of what Dr. Kellogg says about the other procedures of massage such as friction, for instance, which will change the circulation by moving the surface blood and lymph in a mechanical way and also give a derivative effect in the treatment of inflamed joints and sprains, pelvic pains and cerebral congestions, relieve insomnia and reduce fevers by heat dissipation. While percussion is heat-producing in its effect, yet Dr. Abrams as the writer understands it, used the percussion by employing a U or horse-shoe shaped instrument with which he straddles the spinous processes and with a hammer strikes the instrument and claims that in this way he cures aneurisms, exophthalmic goiters, and many other supposedly incurable infirmities, by what he terms Reflex Otherapy. The following is a catechism of Spondylotherapy:

"Its methods embrace the therapeutics of reflexes (reflex otherapy) and its pathology is based on the study of clinical physiology. It concerns itself only with the excitation of functional centers of the spinal cord by different methods, which may be demonstrated with the same certainty in the living human subject as is done by the vivisectional experimenter. This phase of medicine is referred to by the author as Clinical Physiology. In brief Spondylotherapy is based on the clinical physiology of the human in contradistinction to the study of physiology by the laboratory vivisectionist. The human and not animal physiology is made the base of clinical pathology. The physician gives a more correct verdict concerning physiological proceedings than the physiologist himself." (Pavloff.)

The writer has been told that Dr. Abrams has recently discovered a method of splanchnic diagnosis, by which he attaches a wire to the patient and the other end of the wire to a healthy man and in this way he forms the diagnosis.

The greatest difficulty the doctor would have, it seems to me, is to find a healthy man.

However, when a man of such international reputation uses something else besides the old line chemical medication and is recognized by so many eminent physicians, it shows that some people are thinking and as Eclectics, we are entitled to know about and use the best methods.



There are a number of stimuli used for therapeutic purposes, such as chemical, thermo, electrical, mechanical, etc. Any method used must cause rechemicalization cell and tissue changes, to be of any therapeutic value. Whether the remedy goes through the blood stream or is used in a mechanical way, it must reach the sick cells of the body and produce a chemical change, and it remains for each physician to select from the storehouse of his knowledge that which is best fitted to the case in hand.

In my own practice I use any manual or mechanical means which I deem necessary for the specific ailment of the individual and very often find it necessary to give a general manipulative treatment all over the body. This treatment, with a judicious use of hydrotherapy, the proper attention to dietetics, a few creative and mental suggestions, and the necessary amount of Lloyd's Specific, will usually bring the patients out of their difficulties. They generally survive the ordeal and send their friends for what they think will be the same treatment. However, it is needless to say that they do not always receive that which they expect.

### **THE NECESSITY OF FIXATION OF THE FRAGMENTS IN BONE SURGERY**

**T. C. Young, M. D., Glendale, Cal.**

**Read Before the California Eclectic Medical Convention.**

I wish to touch some of the most important points in bone surgery which have been observed in the last two years. Leading up to bone surgery, or any other surgery we must study the pathological conditions with which we have to deal.

First, I wish to consider the pathology of a fracture. We have a separation of continuity of the bone, and also of the soft parts, viz., periosteum, marrow, endosteum, and blood vessels as soon as this occurs, pathological exudate surrounds the fracture derived from the periosteum and endosteum, then due to this condition we have a stimulation of the cells of the osteogenetic layer of the periosteum and endosteum. These cells infiltrate the area of exudate and due to their specialized characteristics cartilage is formed; then following this change the cell becomes more highly specialized and becomes an osteoblast and firm bone is formed which completes the repair.

In operations for fractures I wish to call your attention



to the care of the blood supply to the part, particularly the periosteum. In making your incision make a clean cut through the tissues and periosteum to the bone, lift the periosteum from the bone if necessary, but do not separate the periosteum from the surrounding soft structure for two reasons. First, for preservation of the blood supply; and second, to prevent possible pockets for formation of bone exudate, blood clot and possible nodular callus.

Reduction of the fracture is of vast importance, almost any one can reduce a fracture, but the important factor is to reduce the fracture without injuring the periosteum, this is very necessary in comminuted fracture where several small pieces of bone are broken out, and if the periosteum is torn loose many times the small fragments may have to be removed.

The means of fixation is also of very great importance. The methods used among surgeons of today with favorable results are, silver wire, steel plate and screws (Lane), bone peg and bone inlay (Albee), any one of the methods if aseptically applied will bring good results just so long as the fracture is perfectly immobilized.

Whenever the fractured edges of a bone begin to move you may look for two things to occur: first, a very large callus (possibly impairing muscles, nerves, or joints), second, non-union. Failure of immobilization of fracture causes migration of the osteoblasts away from the point of greatest mobility consequently a smooth cartilaginous surface will form; this condition usually occurs in the shaft of long bones.

I wish to relate two case histories. The first a case of fracture of the neck of the femur in a lady seventy-two years of age, and at the present time the patient is in good condition. On March 12th, 1916, I operated; the X-ray plates show a complete fracture of the neck of the femur. I cut down upon the joint, reduced the fracture, inserted two 12-penny nails, toe nail fashion, closed the capsule of the joint and tissues with bronze wire and left a slight drainage. I put the patient in a double abduction Troft Splint with a nine-pound extension on the broken leg. I let this remain for nine weeks, then allowed patient to leave the Hospital. In seven months I removed the nails, and now the patient has a perfectly mobile joint and no pain, only one-quarter-inch shortening. The X-ray plates show nails, and condition at the present time.



History No. 2—A boy fourteen years old with a fracture of the clavicle gives a history of three fractures of the same bone. The condition was an over-lapping of the fragments and non-union; every time the boy would get a fall the callus would loosen; consequently I did a bone inlay operation (using the Albee bone instruments). This I will show you graphically. The patient is in good condition and has a complete restoration of the function of the clavicle as is shown in X-ray.

### **PROLAPSUS OF THE UTERUS WITH CYSTOCELE AND VESICOCELE**

**H. H. Helbing, M. D., St. Louis, Mo.**

This condition, all physicians will concede, is extreme and often puzzles a surgeon as to just what procedure he will institute in order to overcome the wrong. Numerous kinds of pessaries have been devised to relieve these patients, but they are merely makeshifts and are liable to aggravate the condition by producing irritation, which may result in cancer. Every patient who has as severe a wrong as the title of this paper would indicate should be prevailed upon to have an operation performed to cure the condition. In a condition as severe as this we not only have a prolapsus of the uterus, but we also have a prolapsus of the vaginal wall, anterior and posterior, which carries down with it the bladder and rectum. The wrong is more apt to occur in corpulent women and especially those who have had many children, and in cases where lacerations have not been properly cared for. It is remarkable how little constitutional symptoms are manifest, and those usually only due to the constipation and bladder irritation, thus being purely mechanical in their nature. These are enough, however, to make life a burden to a sufferer of this kind.

There are differences of opinion among surgeons as to the best operative method of overcoming procidentia or extreme prolapsus of the uterus. Some advise the removal of the uterus, others claim it should be left. I believe that method should be selected as will best fit the case.

If a hysterectomy is done it is best to select the abdominal route in order that we may attach the vesico-uterine and recto-uterine ligaments to the stump of the broad ligaments in such a way as to support the bladder and rectum and thus prevent a prolapsus of either or both. Not only this, but a



perineorrhaphy is necessary in all these cases in order to support the vaginal wall. A vaginal hysterectomy in procidentia is liable to be followed by a prolapsus of the vaginal wall to such a degree as to have a protrusion from the vulva as prominent, as was the uterine prolapse previously.

A case of this nature recently came under my care. She had been operated upon seven years before, a vaginal hysterectomy having been performed by another surgeon while I was in Europe. At that time I might have done the same operation in the same way with the same result, but I have learned differently. We found upon careful examination a very thin rectal wall, as well as a thin bladder wall, both rectocele and vesicocele being quite large. After making an incision from above downward along the posterior vaginal wall we carefully dissected off the vaginal from the rectal wall, continuing the dissection of the vaginal flaps laterally to freshen the perineal wall. A buried suture of fine catgut drew the perineal wall together over the rectal wall, gradually building up a firm perineal body. Two provisional mattress sutures of silkworm gut held the perineal body still more firmly and finally interrupted superficial sutures of chromic gut closed the posterior vaginal and perineal wound.

The cystocele was operated by making an incision over the protruding mass, carefully dissecting down to the bladder wall, which was gradually pushed off of the vaginal wall. After the bladder is sufficiently detached it shrinks up and is easily supported by placing two or three deep mattress sutures so that they pass adjacent to the wall of the bladder. They are tied so as to oppose the two vaginal flaps not too tightly. The superabundant vaginal tissue is trimmed off with scissors, leaving about a quarter to a half-inch of flap extending beyond these sutures. We now use a continuous catgut suture to coaptate the vaginal edges. I adopt this technique in all cases of cystocele, as well as vesico-vaginal fistulæ, and have never had a failure. There was some sloughing of the rectal wall in this case which resulted in a rectovaginal fistula. A second operation resulted in a closure and a complete cure of the case.

When the uterus can be left I do what is called a Wertheim operation. This is done vaginally. We first make an incision along the anterior vaginal wall and dissect up through between the bladder and uterus until we enter the pelvic cavity. We bring the uterine fundus down into the incision; that is, invert it or antevert it, if you will, so that the body of the uterus rests against the bladder, thus sup-



porting the bladder. A couple of catgut stitches are placed through the uterus and adjacent tissues in order to hold it in position. You will now find that the cervix has been pulled upward, pulling with it the vaginal walls. The vaginal flaps may be trimmed off and a continuous suture introduced to close the opening. An operation to overcome the rectocele and to build up the perineal body will complete the work. This operation is selected in women who have no family history of cancer.

The advantages of this latter method is the absence of shock, the avoidance of a ventral hernia, which is apt to occur if an abdominal hysterectomy is done, owing to the fat abdominal walls we most always encounter in these cases. Then, too, the patient is more easily induced to have an operation of this character than to have to sacrifice any of her organs.

#### Conclusions

1. The Wertheim operation is to be preferred for proclivencia providing the uterus and appendages are healthy.
2. Abdominal hysterectomy is second choice and should be resorted to if there is subinvolution of the uterus, endometritis, or any reflex symptoms indicating that there is uterine trouble.
3. In addition to either of the above operations perineorrhaphy is, as a rule, necessary.
4. Operative interference is indicated, no matter how old the patient may be, the only contraindication being great feebleness of the individual.
5. Preparatory treatment may strengthen such a patient so that she may withstand an operation later, especially the Wertheim.

#### THE HISTORY OF A MAMMARY CANCER

J. W. Fyfe, M. D., Saugatuck, Conn.

While the usual origin and course of mammary cancers are well known to all physicians and surgeons, it is possible that the case herein reported may present features of interest to the medical profession.

In the early part of July, 1904, Mrs. G. fell against a dressing case, bruising her right breast, which soon became discolored and somewhat painful, but no special attention was given to the accident. One year later she called my attention to the injured gland, when I found a hard immovable lump in it about



the size of a walnut, and advised its immediate removal. This she neglected to have done, and in due time the "old, old story" of a neglected injury to the mammary glands was repeated and another cancer added to the world's enormous list of this life-destroying disease; but Mrs. G. still refused to have the breast removed.

In 1913, the cancer had involved fully one-half of the gland, and to her affliction was added a mild, but constant uterine hemorrhage. I now declined further connection with the case unless the woman would agree to follow my advice and comply with my directions in every particular. This she readily agreed to do, and after appropriate constitutional treatment, she was taken to the Galen hospital, where a supra-vaginal hysterectomy was done and the uterus found to be studded with fibroids, and several submucous tumors were also found. She recovered nicely from this operation, and ten days later the entire right breast was removed. Both wounds healed perfectly, and mainly by first intention. Recovery from these operations was uneventful, and her general health became good. Two months later, however, a lump as large as a hen's egg developed in her left hip, causing severe pain. Vibration was employed over the hip tumor and in about six weeks it entirely disappeared. From the time of the appearance of the lump in her left hip she never was able to walk without crutches, although she possessed a fair degree of health.

On November 1, 1914, the bowels and kidneys failed to perform their functions, secretion and excretion of these organs having entirely ceased. She soon passed into a comatose state and died on the fifth of the same month. What was the immediate cause of the patient's death? Is it not possible that she had a growth in the medulla that interfered with the centers controlling the vasomotor nerves, and, furthermore, is it not possible that she may have had a metastatic carcinoma of the left hip? But be this as it may, it is certain that Mrs. G.'s case affords additional evidence of the fact that all immovable tumors found in the female breast, be they ever so small, should be promptly removed.



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## ANCIENT EGYPTIAN PHILOSOPHY

In the time of the Fifth Dynasty and during the reign of Assa, King of Upper and Lower Egypt, there lived a certain wise man, Ptah-hotep by name. Not only was he revered for his wisdom after his death, but also he was highly honored during his life-time. Many emoluments were bestowed upon him and also many responsibilities. Probably the most important of his offices was that of Supervisor of the Education of the Crown Prince. To comprehend fully the significance of this position it is necessary to remember that the King was an absolute autocrat, and, "as the twig is bent so grows the tree." In the furtherance of his duties to the youth, the King, and the people, Ptah-hotep wrote a book containing much wisdom. It was designed as a text-book and so used by the Egyptians for many centuries. It is somewhat of the style of Solomon's Proverbs, though antedating the latter by several centuries. In fact it is the oldest book known today; and it is indeed a most remarkable work for any age to produce.

The author writes of the duties of mankind in the home



and abroad, but at this moment we are particularly interested in his theory of government. Precept VI states the duties of the Crown Prince to his people when he shall have become King. It reads:

"Inspire not men with fear, else God will fight against thee in the same manner. If any one asserts that he lives by such means, God will take away the bread from his mouth; if any asserts that he enriches himself thereby, God says: I may take these riches to myself. If any one asserts that he beats others, God will end by reducing him to impotence. Let no man inspire men with fear; this is the will of God."

Reread these precepts and ponder over the probable state of the world today if the German Kaiser had been brought up on this diet. How much has society improved in the science of government in the last 5000 years? "Verily the world do move," but it is mostly an up and down motion like the waves of the ocean. Ptah-hotep was, and still is, a wise man. Eventually he grew old, as other men have done before and since, and he speaks of the infirmities of age in language of great strength and purity." . . . Decay falls upon man and decline takes the place of youth. A vexation weighs upon him every day; sight fails, the ear becomes deaf, his strength dissolves without ceasing. The mouth is silent, speech fails him; the mind decays, remembering not the day before. The whole body suffers. . . ."

### INEXACTITUDE IN MODERN THERAPEUTICS

Years ago, when X-ray therapy was more enthusiastically viewed than today, we were constantly confronted with the question of dosage. True, the ampere-meter indicated the current flowing through the primary and the milliamperemeter that delivered to the tube; tube distance, spark-gap interval, and the relative hardness of the tube, gave some indication of the dosage the patient was receiving, but there was no accuracy possible. Today the fact that several complex methods exist for estimating dosage shows that none is entirely satisfactory, that of Sabouraud and Noire probably being the most practical. X-ray therapy never will be upon an entirely satisfactory basis until after standards of dosage are determined.

While one can give a definitely ascertained dosage of the galvanic current, the newer high-potential currents are measured only approximately by the hot-wire meter, a means not at all comparing with definite standards. There are methods



of "registering" the faradic current, but there is no known way for measuring it in definite units and administering an exact dosage.

### Radium

The unit of emanation is the curie, from one gram of pure radium in equilibrium, and this is divided into the millicurie. One Mache unit equals 4.5 multiplied by  $10^{10}$  curies. Therefore 1,000 Mache units are approximately the amount of emanation in equilibrium with 1/2,000 mgrm. of radium. Now this is all right as a matter of physics and based on radium in equilibrium, but radium not in equilibrium may be 40,000 times as active as that noted above, or much less than 40,000 times as active. So where are we?

Radium is an active substance, but hard to control and its activities difficult to measure. We are yet very far from attaining to accuracy in the dosage of radium or from evolving really workable physical constants for it, therapeutically considered.

### Synthetics

Synthetic science has accomplished wonders, especially in the building up of unstable chemical compounds. Many of the less stable synthetic remedies are built up like a child building castles with his blocks. He places block upon block in unstable equilibrium without any fastening but gravity; but a slight disturbance will bring all down in ruin. So the synthetic chemist builds on side-chain after side-chain, elaborating a wonderful graphic formula. It may be an explosive that a scratch will disrupt. It may be a dye that the slightest manipulation will change in tint. It may be an ester of some stable alkaloid that body chemistry plays tricks with quite unexpectedly. And it may be a coal-tar synthetic remedy that differs only one-ten-millionth chemically from its nearest neighbor, but fully one-half therapeutically.

Salvarsan is an illustration. Atoxyl was discovered in 1863 by heating a mixture of aniline and the pentoxide of arsenic at a temperature of  $190^{\circ}$  C. Later Ehrlich took up its study and showed it to be para-amido-phenyl-arsenic. He and his colleagues worked out hundreds of variants of this body, 606 in the series being called salvarsan. Now atoxyl was discovered in France; it was applied to protozoan disease by a Canadian, and a German worked it out in detail, the result being salvarsan, Pollitzer says of it: "The ordinary dose of salavrsan contains enough arsenic to kill several people, and in its manufacture several arsenical compounds of extraordi-



nary toxicity are likely to be produced, and must be guarded against or eliminated. In short, salvarsan, improperly made, may be a poison of tremendous virulence." Every so often dangerously toxic salvarsan has been made, a batch going wrong. Most of it was never marketed, however.

Many synthetics are in the same category—valuable when they act just right, and are made just right, but apt to be tricky in the extreme, both chemically and physiologically. If modern synthetic medication is to remain, the products must be stabilized and be capable of a therapeutic exactitude quite foreign to their at-present variant actions, with definite chemistry, definite dosage and definite physiologic action. Some of the synthetics have been so stabilized and thoroughly tried out, being added to the U. S. Pharmacopeia. Some of those upon which patent rights have not expired have also "made good," and they will ultimately become official; but never depend upon any synthetic until after it has been most thoroughly tested under every probable condition—there is too much inexactitude involved.

### Proximate Principles

Just the opposite of synthesis is analysis, and we are analyzing things to infinitude. Ninety-two substances or mixtures or substances alleged to be active principles have been isolated from digitalis. Many hundred so-called proximates have been noted in medical literature, and probably less than one hundred are really entitled to listing as definite substances. Naturally, many are exceedingly useful; but modern therapeutics has been burdened with so many inexact substances called proximates that we moderns have no right to throw stones at the old empiric herbalist. Furthermore, he and his patients were on the safe side. Where have we been?

### Hormones

We have a very limited knowledge of the chemical properties of the hormones or internal secretions. Adrenalin and pituitrin—probably also tethelin—are definitely known and are on an exact basis; the rest are not definitely known. The physiological actions of the specific glandular products have been carefully studied by Gley and others and much of the data is very indirect, exactitude being impossible as yet. The sum total of exact knowledge on the internal secretions is but slight; there is little indisputable evidence. We even use thyroid semi-empirically if not wholly so. Most of the organic extracts act nearly alike physiologically; they are not specific,



and they practically uniformly influence smooth muscle. Furthermore, to elicit the physiological actions of some of these extracts requires a dosage vastly in excess of what is usually administered.

Undoubtedly there is a future for hormone therapy, or, rather, for the use of the definite, isolated chemical substances that are, one after one, being separated from the organs of internal secretion. Thus far we have had oceans of literature on the subject, but very little defined and exact information. Because it is new and presented in a scientific light by able exponents, hormone therapy is regarded as not at all empirical, whereas the fact is that with the exception of a few substances we give the organic extract as empirically as we do colchicum, and both the extract and colchicum help many of our cases and fail in others.

#### Serums and Vaccines

Standardization of biological products has been much talked about, but little has been accomplished as regards exactitude. Methods are very largely standardized.

Diphtheria and tetanus antitoxins are standardized in units. Tentative standards exist for anti-typhoid vaccine. These three of the many have actually been put on a basis of exactitude, and progress has been made towards standardizing a few others. As the factors are not constant, most of the biologicals never will be standardized. There are "potency tests" galore, as for antimeningococcus and antipneumococcus serums, but no standards in units. Few, if any, of the bacterial vaccines may be said to be specific. The doses are arbitrary and based merely on the number of killed bacteria. It is not probable that true standardization is possible with most of them. The purity and potency of vaccine virus is more important than its standardization. Much the same may be said of any virus, as antirabic virus. Bacterial filtrates are not standardized and perhaps never will be.

#### Where Are We?

This is not captious criticism. These new products and energies—X-rays, electricity, radium, synthetics, proximate principles, hormones, serums and vaccines—constitute real additions to therapeutics; they are all useful. But when the medical history of this age comes to be written, we will see—those then living—how inexact and empirical we have been. Despite our talk of exactitude and science, our advances have



been couched in scientific terms but applied rather empirically. Really our greatest exactitude has been in chemistry. Our chemical remedies long used have been placed on quite a defined and exact basis. Our galenicals have been chemically assayed and physiologically standardized even faster than have our biologicals. This work is rapidly proceeding.

### **We Are Using the Old Scientifically**

During the age now closing we waxed enthusiastic over a host of botanic and chemical remedies, an enthusiasm that has now waned; but the chemist, the pharmacologist and the clinician are not placing these things up a firm and enduring basis. Soon the profession will come to see this and the present therapeutic nihilism be at an end, and the old materia medica, rejuvenated and made exact, will come into its own.

Enthusiasm is already beginning to wane over the new things we have been discussing, for we have learned that most of them are not wonder-workers; but when this general enthusiasm wanes, then will the scientist place on a firm scientific basis of exactitude the X-ray, radium, electricity, synthetics, hormones, proximates and biologicals. Thus from age to age is medicine made over new; but the greatest work of modernism is not its new work but its placing the old and tried on a scientific basis.—The Medical Council.

### **A STRING OF PEARLS**

John Uri Lloyd, Phar. M., Cincinnati, Ohio

As one passes the years along recurring impressions unconsciously multiply that either strengthen or disturb preconceived opinions. As in one's home there may be rooms devoted to various uses, side-shelved by cabinets in which we classify objects of interest collected in our travels, so in life's journey, the mind or brain receives a multitude of impressions that, when comes the opportunity or necessity may be sorted out and classified. A man's vocation may appear to make his life work all-important. He may, by constant effort, become an expert in his field of labor, and may achieve a superior position because of his constant, one-sided application in a well known direction; and yet, as an avocational side, this very process may make him an unintentional collector of important facts outside his specialty. Seeking for material in one direction he may yet enrich himself in quite another line, if he is able, and willing to sore and carry his heterogeneous collec-



tion until comes the chance or necessity for classification. On looking back over his lifework and reviewing this from the beginning he may find that his vocation has been but a string, threading the pearls he has collected, one by one.

Viewing this problem as we may the facts are as stated, and this writer questions whether any reader will, on reflection, deny that on his own life-thread is strung such a collection of pearls, or that his acquaintances are not thus likewise blessed. In mind I now have sight of one whose opportunities have been no greater than those of many others, but who has gathered a mighty collection, and has used this in the passing along, to the betterment of mankind. I refer to Dr. J. A. Munk, of Los Angeles. Among various services has been the helping of others, including this writer, who but for the opportunities offered by Dr. Munk could never have made his journey to the Western homes of the American Indians, and, but for the mind collection relating to the past, could never have appreciated the past story of pharmacy and medicine as he now does. Let us use this argument to introduce a reprint of an old-time article, one of the pearls that Dr. Munk helped to string.

Prehistoric Pharmacy in America.—The poet, Longfellow, is reputed to have been visited by an English traveler, who said: "Your country, sir, is so awfully big and new, one can not see it in an image. Then, sir, there are no castles, no ruins, to tell of old times."

Whether this story is fact or not the expression voices the views of the majority of Europeans, and, I fear, America, as well. As one reared from childhood among prehistoric mounds and man-made relics that speak of an American antiquity that is voiceless in its backward touches, I can not but resent such groundless words. As one whose after-life was passed in connection with explorations and excavations among these mounds and relics of primitive man, from which comes no record concerning their creators, I can not but offer a feeble protest. In boyhood days I wandered amid the burial places of a long lost people. From the freshly-washed gravel banks, deep in Kentucky soil, I collected shell made pottery and utensils, such as Indian tradition knew nothing about. And as I look back and ponder over such unappreciated antiquarian riches once at my command, but now lost forever, I wonder how any thoughtful man can consider America as a country just opened up to man.

Grant to the so-called Old World all its marvelous antiquarian riches in stone and bronze, gold and precious gems, and yet we have American monuments as a heritage of the past



that possess a charm as touchingly pathetic as are the tracings of dead civilizations in other lands.

To pharmacists in particular is this study of these ancient remains significant; for we find typified therein the fact that nations who lived, and died, and left no cry, or word, or page of print to tell their story, were master workmen with the mortar and pestle.

But to study these relics we must pass from well-known Eastern American antiquities, such as the Mound Builders left in profusion in all this great Central West. We must pass the shell monuments of Florida and the connected chain of mounds that stretch from the mouth of the Mississippi to near the Dominion of Canada. This great region, as far eastward as the Atlantic shore, is thickly dotted with the remains of a form of civilization that gives no other record of itself than unbuilded mounds of mud and heaps of shell, such as very primitive people use for self-existence.

Turn from this forgotten people to the great Southwest, that land so recently carved out of the so-called wilderness, which, in our boyhood, was defined as a part of the Great American Desert. A marvelous scene presents itself. Behold! this is not a new land. New to modern man it may be, but nevertheless a country literally dotted with villages and houses, a land rich in habitations of forgotten races. "Unexplored territory" has this been called but recently, this country that carries in itself lingering evidences of man's antiquated handiwork sufficient in themselves to astound one who stands amid its ruins. Silent villages and abodes by the thousands are here, carved avenues in solid rock, stone-built houses standing as if deserted but recently. And yet back again are hillocks that, built in dimmer distances, show where in preceding ages buildings have crumbled into dust in this arid atmosphere where flesh dries and decay is unknown.

A section of this land as large as a mighty European empire was once covered with lava. Through it peep ruins of stone houses, whose builders left no cry to tell of that seismic convulsion. Man dare not conjecture its location in the centuries lost to time. Here in this New World's oldness are dwellings that astound us even today, a single stone-built house covering five acres, with fragments of its walls yet standing five stories high, over two hundred rooms on the ground floor. Here are chains of dwellings cut into solid stone cliffs and perpendicular canyon sides practically inaccessible now to man. And in the desert afar stand deserted villages, where, today, the explorer must carry water to drink and needs be careful, too, that his supply does not give out. In those sunburned houses of the



desert once teeming with life no drop of water is to be found. Thousands of abodes and villages in cliff and desert and valley from Utah and Colorado in the north, reach down into Mexico and Central America, where abound deserted pyramids and ruins of great temples. Silent are one and all. Their human records are as hoary puzzles as is the Ohio Mound that stands on the height near where these lines are written.

Of the ruins of the Old World we hear much. Much that is tangible history have their people left to tell their story. But the ruins of this so-called New World, from Atlantic to Pacific, from Alaska to South America, rest in absolute prehistoric darkness. No written word, no voice, no tradition, no legend, no mythological line in stone or papyrus stands to say aught concerning the lives that came and went in those great tragedies played in time lost to man.

From out this fascinating Southwest land, covered with its relics of pottery, baskets, stone implements and such, come down to us pharmacists, the link that binds us professionally to those silenced nations. A profusion of stone mortars and pestles, granite, lava and sandstone litter their deserted habitations. Some of these mortars are of prodigious size, and show the effect of what seem to be ages of pestle toil. These were food-grinders, and their owners must have been expert knights of the pestle beyond compare. Other mortars, as, for example, these exhibited herewith, are very small, and needs must have been used, such as these before us, the mortars of the cliff builder grow to a dished cavity in the adjacent mountain of lava.

The pestles are a study in themselves, varying as they do in size and shape, in accordance with the dish of the mortar bowl, and the use to be made of the utensil. These, as shown by the specimens herewith presented, some of them made of hardest lava and yet much worn by use, exhibit peculiarities that puzzle one who studies them with thoughtful care. Accept that the people who made and used them were masters of the utensils that give us our professional emblem, and we do them justice only. Indeed, we must award them an exalted position in our art, for they teach us lessons concerning the pestle's form, which, with us, is one common pattern, but with them varied both as to texture and model.

But I must not take your time by details that space will not permit. Possibly if the subject is important enough to others I may sometime present the study of this subject in which I am now involved with the utmost charm to myself.

Be it enough today to bring these specimens of mortars and pestles and say this, our semi-centennial is but a leaf in time's



great volume, if it be contrasted with the vanished centennials of our lost American brethren, whose mortars and pestles are before us. All that is left to speak of their celebrations and jubilee gatherings is locked in such conjecture as comes from out the painted desert, the dazzling carved canyon cliffs, and homes smothered in dust and lava. The stone record of their acts is before us, yet the book of their lives must needs be forever closed.—Eclectic Medical Journal.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. E. R. Petskey moved from Bisbee, Ariz., to Douglas, Ariz., about six months ago.

Dr. Orah Allen has changed her address from San Francisco to Seevel Apts., Vallejo, Cal., but will continue her work at the Associated Colleges in the former city.

Dr. H. R. Evans of Trona, Cal., has received a commission in the Medical Reserve Corps. Dr. Evans has been associated with Twenty Mule Team Borax Mines for several years, and will leave a good location when called to the colors. His address is P. O. Box 106, San Bernardino, Cal.

Dr. Sophia Billenkamp has moved from St. Louis, Mo., to Galt, Cal.

Dr. A. E. Gibson has changed his address in Los Angeles to 528 Bradbury building.

Dr. Ira Wheeler, after many years in Healdsburg, has changed his address to Cory building, Fresno, Cal.

Dr. L. B. Weatherbee after two years has reentered the practice of medicine and is at present located at Oakley, Cal., while deciding on a permanent location.



Dr. J. W. Shute, Bishop, Cal., has a good offer to make to a medical man, preferably unmarried.

Dr. Clinton Roath has changed his offices from 1109 Central avenue to 539 and 540 Consolidated Realty building, Los Angeles.

The October meeting of the Los Angeles Eclectic Medical Society was held at the offices of Dr. Stroud in the Lankershim building on October 2nd. Dr. Stroud gave a most comprehensive lecture on Eczema which he has promised to put in the form of a paper and will appear in our next issue.

Dr. Ella M. Caryl has moved from Olive street to West Seventh street, between Grand and Hope streets.

Dr. O. E. Dahlen, a former student of the C. E. M. C., and a graduate of Hahnemann College, San Francisco, this year has opened an office at 927 South Alvarado street, Los Angeles.

Dr. M. A. Welbourn, Boston, a brother of the Drs. Welbourn of Los Angeles, is now in France as first lieutenant in the medical corps. He is with the First Ambulance Company, 26th Division.

### CHLORETONE AS A HYPNOTIC AND SEDATIVE

Administered internally, Chlorentine passes unchanged into the circulation and is deposited in considerable quantities in the cerebral tissue, the patient falling into a profound sleep. Its action is like that of natural fatigue. Hypnosis passes off gradually, and no habit is formed. Acting upon the central nervous system, therapeutic doses have little or no effect upon the heart and respiratory centers.

Chloretone possesses a wide range of therapeutic applicability. It is a valuable sedative in alcoholism, cholera and colic. It is useful in epilepsy, chorea, pertussis, tetanus and other spasmodic affections. It allays, in most cases, the vomiting of pregnancy, gastric ulcer and seasickness. As a sedative and hypnotic it is indicated in acute mania, puerperal mania, periodic mania, senile dementia, agitated melancholia, motor excitement of general paresis, insomnia of pain (as in tabes dorsalis, cancer and trigeminal neuralgia), insomnia of mental strain, insomnia of nervous diseases, etc. In insomnia it is often effective when other drugs have failed.

The therapeutic dose for an adult is ten to fifteen grains. Good results, however, have been had with doses as small as seven and one-half grains. Sleep usually follows in half an hour to one hour. The administration of Chloretone is not attended with digestive disturbances.



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1915

# Concerning Echinacea.

**WHAT IS ECHINACEA?** A plant, native to western North America.

**WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA?** In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, Echinacea has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, Echinacea is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

**WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA?** It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

**WHO INTRODUCED ECHINACEA?** It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

**WHO WAS DR. JOHN KING?** A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

**TRIBUTE OF DR. CHARLES RICE.** This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the American Dispensatory:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

**WHEN DR. KING SPOKE.** The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

**A PREDICTION.** Twenty years ago, it was said of Echinacea, "Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

**THE REPLY.** The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

**ECHINACEA TODAY.** Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

**WHAT OF THE FUTURE?** Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.



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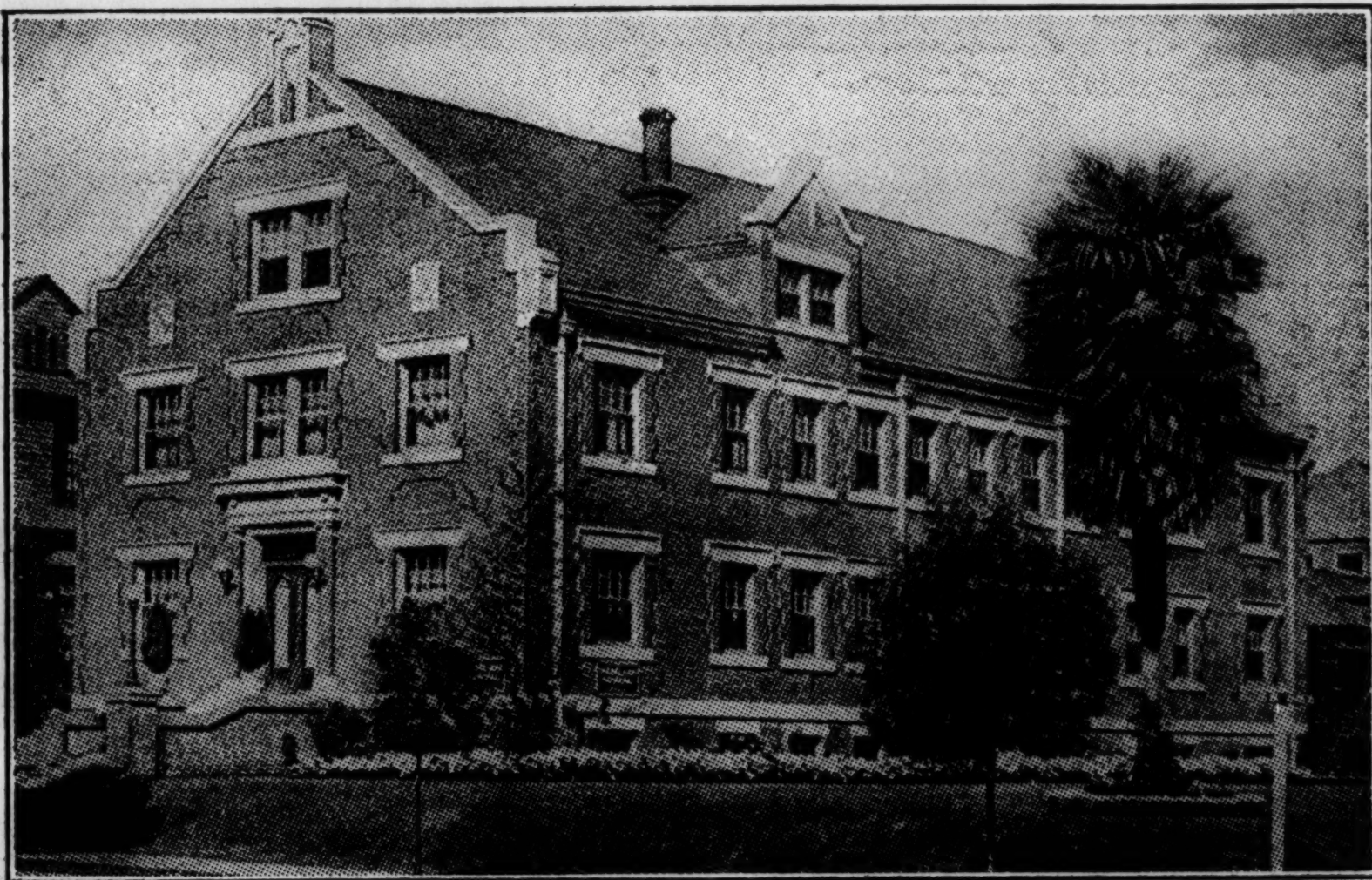
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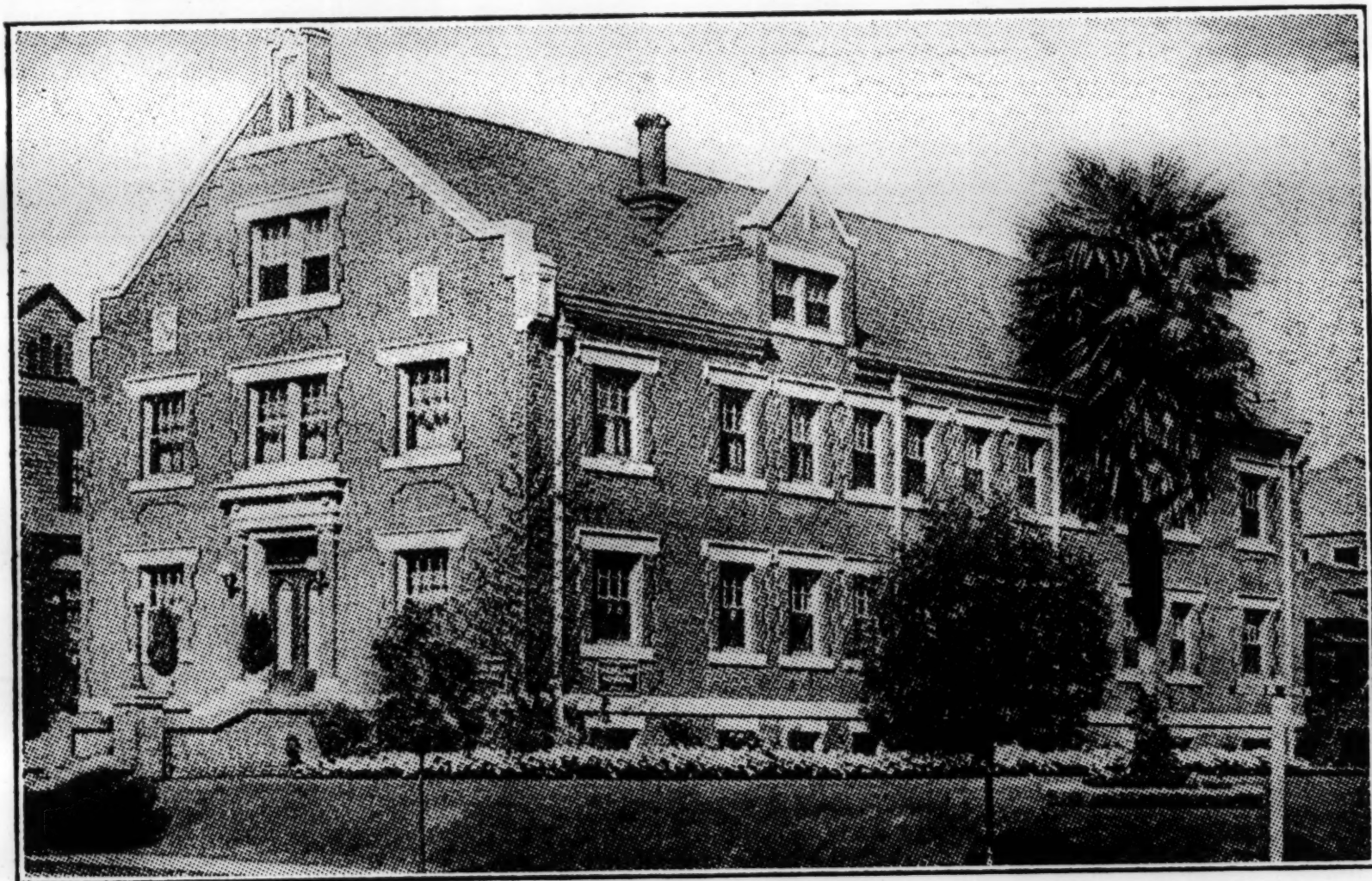
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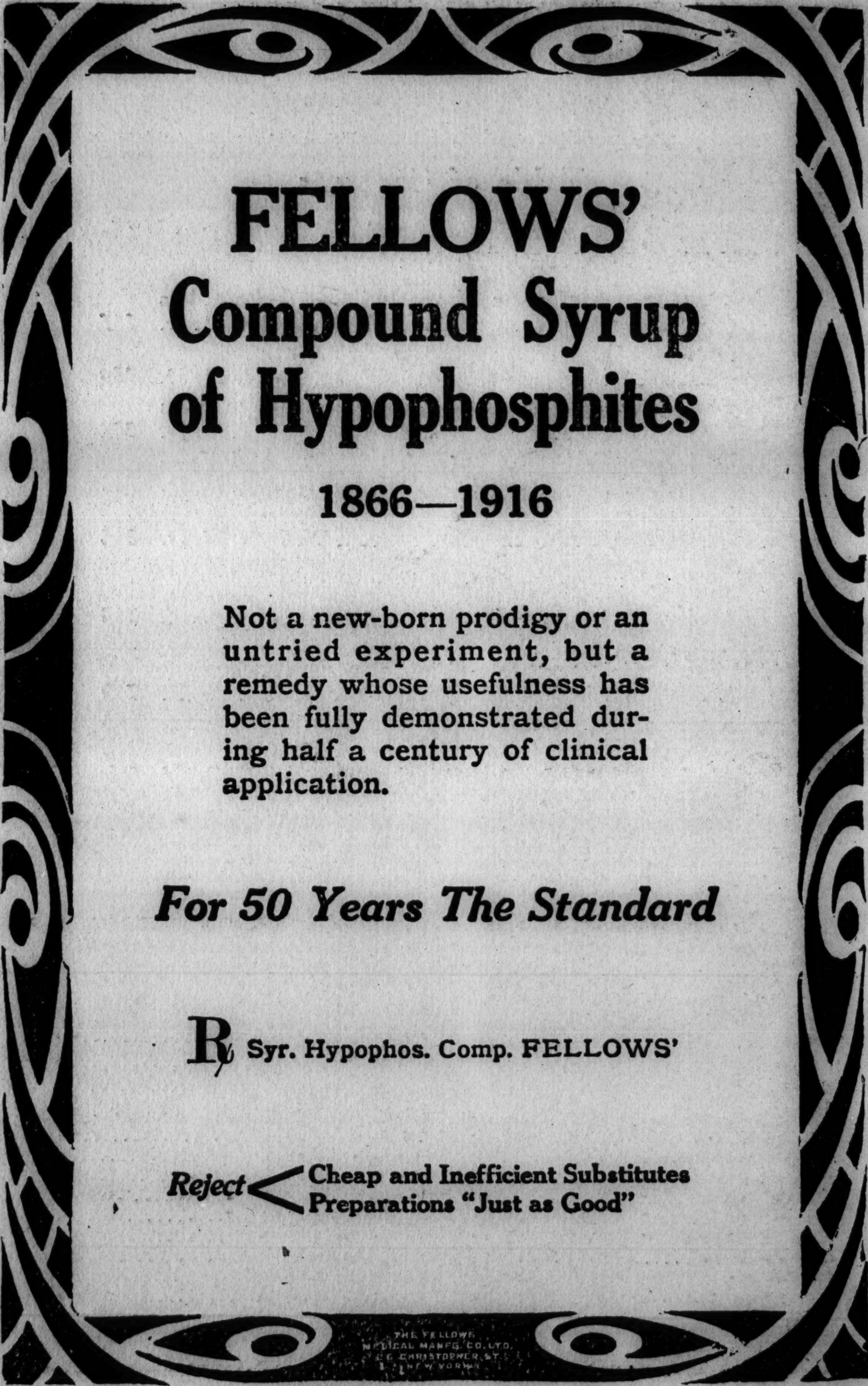
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